



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: **2018-007696-20**

A claim must be filed with City of Portland Risk Management within 180 days after the occurrence of the incident or event.

Normal business hours: Monday through Friday, 8:00am to 5:00pm. Closed on official holidays.

Claims received during regular business hours will be recorded on the date received.

Faxed or emailed claims received after business hours will be recorded on the next working day.

Please be sure your claim is against the City of Portland, not another public entity.

Where space is insufficient, please use additional paper and identify information by section number and letter.

Completed forms may be mailed, emailed, faxed, or hand-delivered to:

Risk Management/Liability, 1120 S.W. Fifth, Room 709, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-823-6120

LiabilityClaims@portlandoregon.gov

- 1. Claimant** (Circle: Mr. Mrs. Ms. Miss) PORTLAND STATE UNIVERSITY Date of Birth _____
- a. Address MAIL CODE: FADM, PO BOX 751 City PORTLAND State OR Zip 97207
- b. Home Phone _____ Business Telephone 503-725-5340 Cell Phone _____
- c. Occupation RISK MGR d. Marital Status: Single () Married () Divorced or Widowed ()

If married, name of spouse _____

- d. E-mail address [REDACTED] (DON JOHANSEN)

- 2. If claim involves a vehicle:** a. Year, make and model PORTLAND STREETCAR
- b. License Plate Number _____ Driver's License Number _____ State _____
- c. At time of accident, were you (check all that apply) Owner: _____ Driver _____ Passenger _____ N/A X
- d. Name and address of owner if different from claimant (1. Above) _____
- PORTLAND STREETCAR, PBOT, 1120 SW 5TH AVE, STE 800
PORTLAND, OR 97204

3. Occurrence or event from which the claim arises:

- a. Date NOV. 10TH, 2018 Time APPROX. 4PM Circle AM / PM
- b. Place (exact and specific location) PSU URBAN PLAZA, NEAR 5TH AVE; STREETCAR'S ENTRANCE INTO URBAN PLAZA
- c. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage (use additional paper if necessary): PORTLAND STREETCAR
DERAILED AT ENTRANCE TO PSU'S URBAN PLAZA;
CAUSED DAMAGE TO TRENCH DRAIN COVERS, CONCRETE
DAMAGE, PAVERS/BRICK DAMAGE, UNKNOWN SUBSTRUCTURE DAMAGE.
- d. State how the City of Portland or its employees were at fault: PORTLAND STREETCAR
IS OWNED/OPERATED BY CITY OF PORTLAND BUREAU
OF TRANSPORTATION.
- e. Were you on the job at the time of the accident? Yes _____ No X
- If yes, what is the name / phone number of employer: _____

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. SEE DESCRIPTION IN SECTION 3.C. OF THIS REPORT,
5. ***We are required to report all claims for injuries to Medicare/Medicaid Services***
If you were injured please provide the following: Social Security #: NA
Medicare/Medicaid Beneficiary? Yes ☐ No ☐
6. Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury CITY OF PORTLAND BUREAU OF TRANSPORTATION / STREETCAR
7. Name and address of any other person injured NA
8. Name and address of the owner of any damaged property if different from claimant NA
9. **Damages claimed:**
- a. Amount claimed as of this date: \$ TBD
- b. Estimated amount of future costs: \$ TBD
- c. Total amount claimed: \$ TBD
- d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): PSU IS RETAINING CONTRACTOR FAMILIAR WITH URBAN PLAZA CONSTRUCTION TO CONDUCT EXAMINATION
10. Names, addresses / phone #s of all witnesses NOT AWARE OF ANY DIRECT WITNESSES AT THIS TIME. PSU'S CPSD OFFICER, NICHOLA HIGBEE, WHO CAME UPON THE DERAILMENT SCENE, MET A STREETCAR OFFICER AT THE SCENE.
11. Any additional information that might be helpful in considering your claim PBOT STREETCAR OFFICER GAVIN SCOTT WAS AT THE DAMAGE SCENE SHORTLY AFTER DERAILMENT OF STREETCAR AT PSU'S URBAN PLAZA.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)

I have carefully read the statements made in this claim, including any attached sheets, and I know them to be true of my own knowledge, except as to those matters stated upon information or belief and to such matters I believe the same to be true. I understand and acknowledge that all statements made in this claim are made to a public servant of the City of Portland, and that the statements are in connection with an application for a benefit from the City of Portland.

Date: 1/18/2019

[Signature]
Claimant's Signature

DON A. JOHANSEN
Print Name